

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 10642268 FILING DATE

APPLICANT(S)

CLAIMS					
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
IND	DEP	IND	DEP	IND	DEP
1	/				
2	/				
3	/				
4	3				
5	/				
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8	/				
9	/				
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50					
TOTAL IND.	2				
TOTAL DEP.	13				
TOTAL CLAIMS	15				